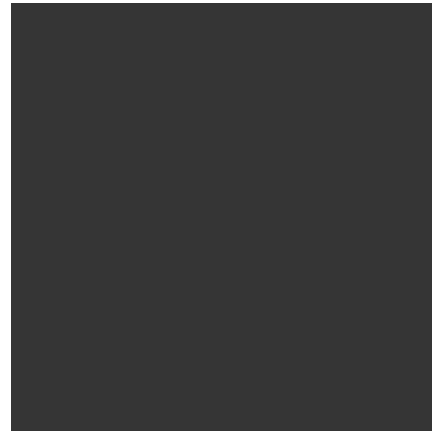


# The Campus Consultation Team:

## Threat Management Using a Team Approach



**Marcelle Holmes, Ph.D.**

**Assistant Vice Chancellor • Wellness, Health & Counseling Services**

University of California, Irvine

[marcelle.holmes@uci.edu](mailto:marcelle.holmes@uci.edu)

Presented at the Building Healthy Academic Communities National Summit  
Columbus, Ohio • Tuesday, April 23, 2013

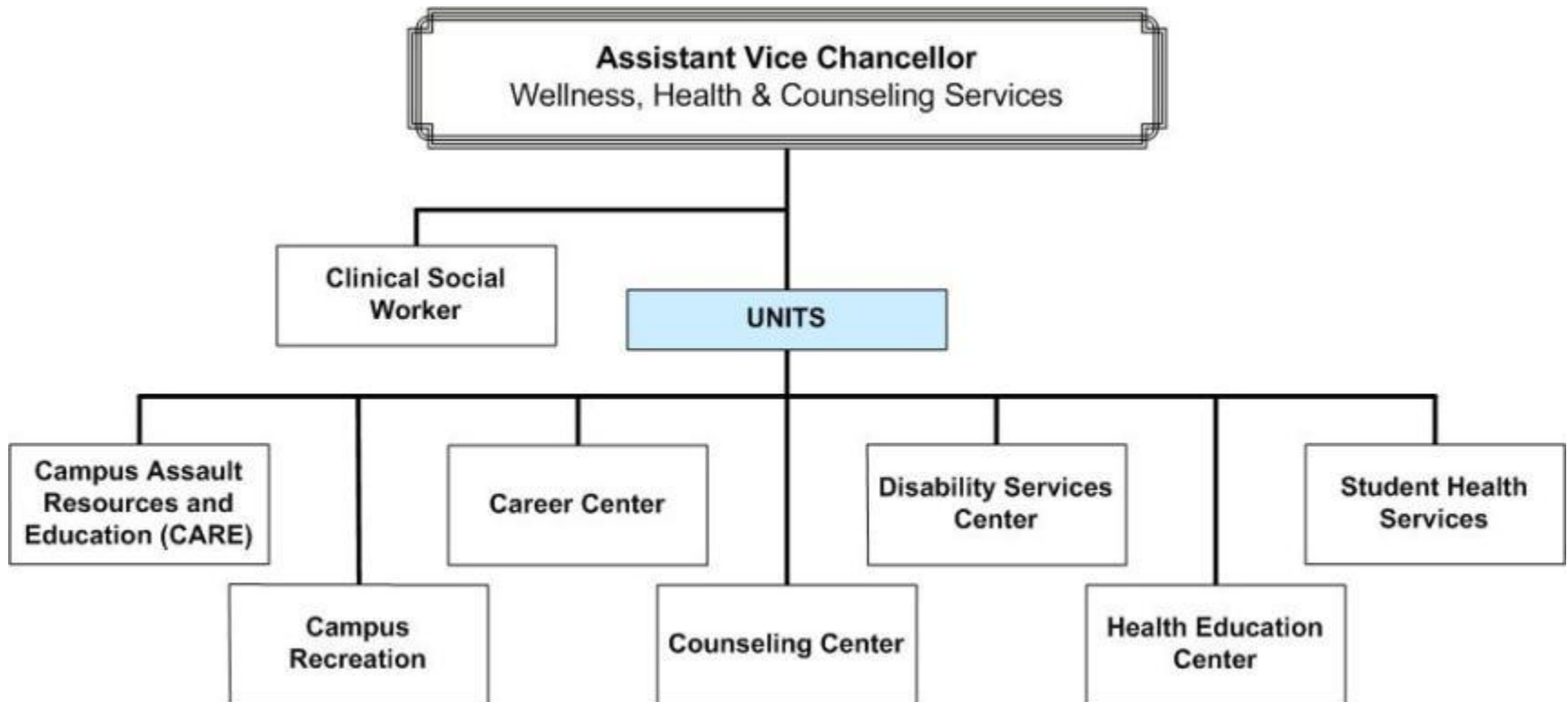


# Learning Objectives

- List the core team members of the UC Irvine's Consultation Team and the role each member plays
- Explore and evaluate how the Consultation Team might implement a coordinated plan on several sample cases
- Evaluate data related to emerging threat assessment team standards
- Participate in a discussion about the future of threat management on your campus



# Organizational Chart

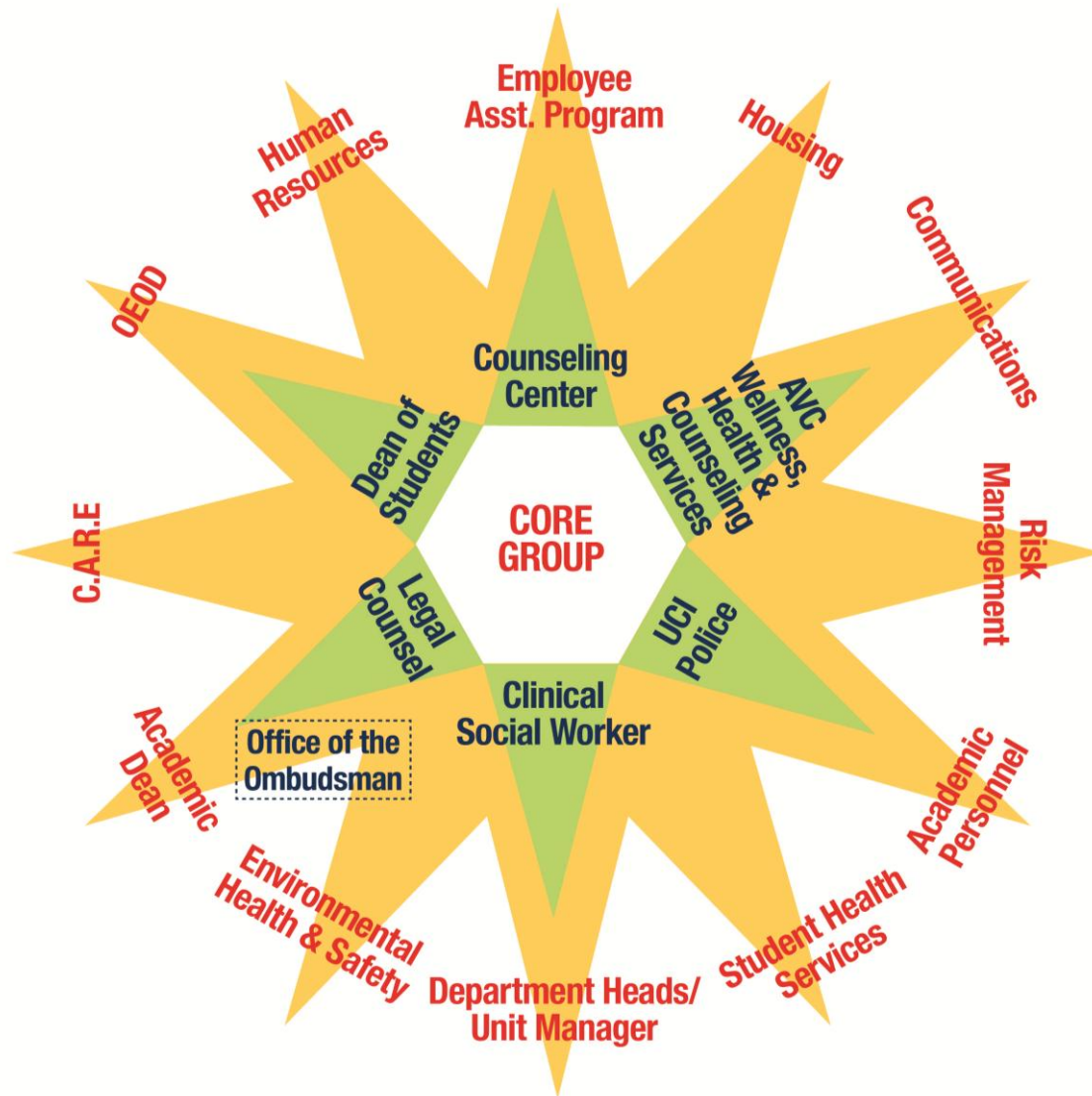


# History of the Consultation Team

- Established over 20 years ago
- Historically met several times a year
- Now meets weekly, at a minimum
- Crisis management issues are discussed
- Team participates in group training activities
- Team gives presentations to community members



# Core and Activated Members



# Team Activation







## See Something.

UC faculty/staff and graduate teaching/research assistants are in a unique position to demonstrate compassion for UC students in distress.

Both undergraduate and graduate students may feel *alone, isolated*, and even *hopeless* when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

You may be the first person to **SEE SOMETHING** distressing in a student since you have frequent and prolonged contact with them. The University of California, in collaboration with the California Mental Health Services Authority (CalMHSA), requests that you act with compassion in your dealings with such students.

## Say Something.

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings including the classroom, with roommates, with family, and in even in social settings.

Trust your instincts and **SAY SOMETHING** if a student leaves you feeling worried, alarmed, or threatened!

## Do Something.

Sometimes students cannot, or will not turn to family or friends. **DO SOMETHING!** Your expression of concern may be a critical factor in saving a student's academic career or even their life.

The purpose of this folder is to help you recognize symptoms of student distress and identify appropriate referrals to campus resources.

### The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety emergency. **Observations of a student's conduct or statements made by a student are not FERPA protected.** Such information should be shared with appropriate consideration for student privacy.



### Academic Indicators

- ✓ Sudden decline in quality of work and grades
- ✓ Repeated absences
- ✓ Bizarre content in writings or presentations
- ✓ Multiple requests for extensions
- ✓ You find yourself doing more personal rather than academic counseling during office hours
- ✓ Overly demanding of faculty/staff attention

### Physical Indicators

- ✓ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain
- ✓ Excessive fatigue/sleep disturbance
- ✓ Intoxication, hang over, or smelling of alcohol
- ✓ Disoriented or "out of it"
- ✓ Garbled, tangential, or slurred speech

### Safety Risk Indicators

- ✓ Unprovoked anger or hostility
- ✓ Implying or making a direct threat to harm self or others
- ✓ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behaviors — a "cry for help"
- ✓ Communicating threats via email, correspondence, texting, or phone calls

### Psychological Indicators

- ✓ Self-disclosure of personal distress - family problems, financial difficulties, contemplating suicide, grief
- ✓ Excessive tearfulness, panic reactions, irritability or unusual apathy
- ✓ Verbal abuse (e.g., taunting, badgering, intimidation)
- ✓ Expressions of concern about the student by his/her peers

# Types of Cases



- An undergraduate student who chronically behaves with parasuicidal behaviors and who posts threats to harm himself on social media
- A graduate student who sends threatening e-mails to a variety of staff and faculty
- A staff member who responds angrily during meetings and causes fellow staff to fear physical violence
- A graduate student who appears intoxicated in the class he is teaching



# Sample Case



“John”

- Junior political science major
- Entered with high grades
- Deteriorating hygiene, weight loss, paranoid comments
- TA's have offered to walk him to counseling center, which was refused
- Roommate issues
- Police called during the week before finals
- John hospitalized on involuntary hold
- WAVR-21

This vignette is fictional. The events described are not real. The settings and characters are fictitious and not intended to represent specific cases.

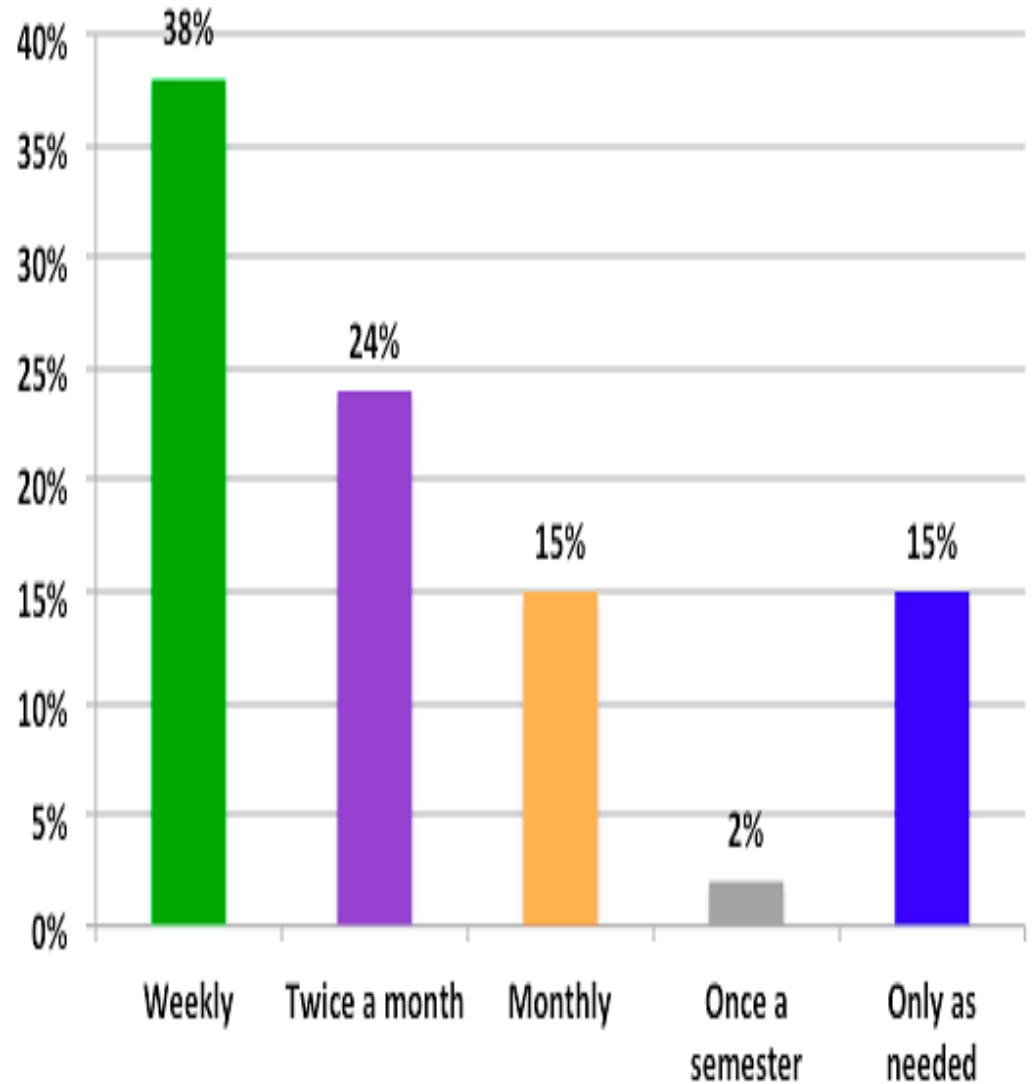
# NaBITA Survey Results

## Dr. Brian Van Brunt

Van Brunt, B., Sokolow, B., Lewis, W.,  
& Schuster, S. (2012). NaBITA Team  
Survey. [www.nabita.org](http://www.nabita.org)

- Data were collected from over 800 community colleges and four-year universities during July-October 2012.
- 4-year schools/traditional 76%
- 2-year schools/community 24%
- Non-residential 25%
- Residential 75%
- Public 65%
- Private 35%

# NaBITA Survey Results Meeting Frequency



## Team Leadership

Dean of Students	44%	Counseling	7%
VP SA	22%	Academic	4%
Student Conduct	9%	Police/Safety	3%

## Team Membership

Counseling	87%	Student Activities	22%
Police/Campus Safety	82%	Faculty	27%
Dean of Students	72%	Human Resources	19%
Residential Life	63%	Case Manager	18%
Academic Affairs	49%	Athletics	13%
Health Services	42%	Admissions	9%
VP Student Affairs	41%	Greek Life	5%
Legal Counsel	22%	Student Representative	2%

# Discussion Questions

- Do you have separate teams for faculty, staff, and student concerns?
- What tools do you use for threat assessment?
- How do you keep records?
- What trends are you seeing in terms of cases?
- What is the institution's responsibility for follow up care after the student is no longer enrolled?
- What impediments are there to continuity of care (HIPAA, FERPA) and how does your institution manage them?

